



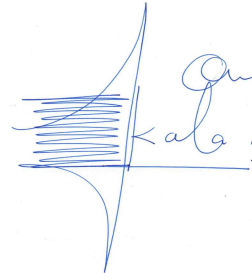
1. HealthNet Policy Number	I038-000-120193927-01	2. Authorization Code:															
2. Patient Name	MUHAMMAD HAMZA MUNSIF ALI																
3. Patient Date of Birth & Sex	02-04-97(dd/mm/yy)	☒ Male ☐ Female															
5. Nature of illness or Injury	Mobile No. 0547553911																
6. Are You the patient's primary physician	☐ Acute ☐ Chronic ☐ Emergency																
7. Presenting Complaints:	☐ Yes ☐ No																
8. Duration of Symptoms:																	
9. Onset of Condition:																	
10. Relevant Past Medical/Surgical History																	
Diagnosis	Acute gastritis without bleeding, Vomiting, unspecified, Elevated white blood cell count, unspecified, Fever, unspecified																
12. Etiology:	ICD Code K29.00, R11.10, D72.829, R50.9																
13. In case of Injury: mode of Injury/place of Injury																	
14. Plan / Details of Management																	
a. Procedure	RISEK 40MG, (METOCLOPRAMIDE : 10 MG/2ML) SOLUTION FOR INJECTION, Administered intravenously, CIPROFLOXACIN, Free follow-up consultation of the same diagnosis within 7 days of initial consultation by a General Practitioner, Intramuscular injection																
b. Laboratory Test:	CPT code 0005-174202-0781, 0046-150403-1021, 96365, 30042033, 9.1, 96372																
c. Radiology / Investigations:																	
15. In Case of Hospitalization: Date of Admission:	Date of Discharge:																
16.	<table border="1"> <thead> <tr> <th colspan="5">PRESCRIPTION WITH DOSAGE & DURATION</th> </tr> <tr> <th>Code</th> <th>Generic</th> <th>Dosage</th> <th>Duration</th> <th>Instructions</th> </tr> </thead> <tbody> <tr> <td>0067-116604-0391</td> <td>(METRONIDAZOLE : 500 MG) FILM COATED TABLETS</td> <td>FILM COATED TABLETS (20S, BLISTER PACK)</td> <td>10</td> <td>Take 1 Tablets 2 Time(s) per Day For 10 Day(s) after meal</td> </tr> </tbody> </table>		PRESCRIPTION WITH DOSAGE & DURATION					Code	Generic	Dosage	Duration	Instructions	0067-116604-0391	(METRONIDAZOLE : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	10	Take 1 Tablets 2 Time(s) per Day For 10 Day(s) after meal
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Code	Generic	Dosage	Duration	Instructions
0054-103201-0391	(CIPROFLOXACIN : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) after meal
0252-150407-1171	(METOCLOPRAMIDE : 10 MG) TABLETS	TABLETS (20S, BOX)	7	Take 1Tablets 2 Time(s) per Day For 7 Day(s) before meal

Date: 25-07-24(dd/mm/yy)

Doctor's Name Enomen Goodluck

Signature and Stamp



Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

Physician Code DHA-P-28040827 HNM Code

Authorization

I hereby authorize the Physician, Hospital or Pharmacy to file a claim for medical services on my behalf and I confirm that the above mentioned examination / investigation / therapy is given to me by the doctor. I hereby authorize any Hospital, Physician, Pharmacy or any other person who has provided medical services to me or my dependents to furnish NGI with any and all information with regard to any medical history, medical condition or medical services and copies of all medical and hospital records.

A Photocopy or teletax copy of this authorization shall be considered effective any valid as the original



Date: 25-07-24(dd/mm/yy)

Signature of Insured / Claimant

Copy of NGI - Pharmacy

NATIONAL GENERAL INSURANCE CO. (P.J.S.C)

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